

# **Review Tool for Prior Authorization Request Certain Power Mobility Devices (PMDs) (K0856 and K0861)**

**K0856**: Power wheelchair, group 3 std., single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

**K0861**: Power wheelchair, group 3 std., multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

This checklist is for Medicare Durable Medical Equipment (DME) suppliers (or the Medicare patient), referred to as a “requester,” who submit prior authorization requests to DME Medicare Administrative Contractors (DME MACs).

The Centers for Medicare & Medicaid Services (CMS) is issuing this review tool solely for educational purposes as a helpful resource that the requester may wish to use assist with ensuring prior authorization requests are complete, including all relevant documentation, and comply with all Medicare coverage requirements.

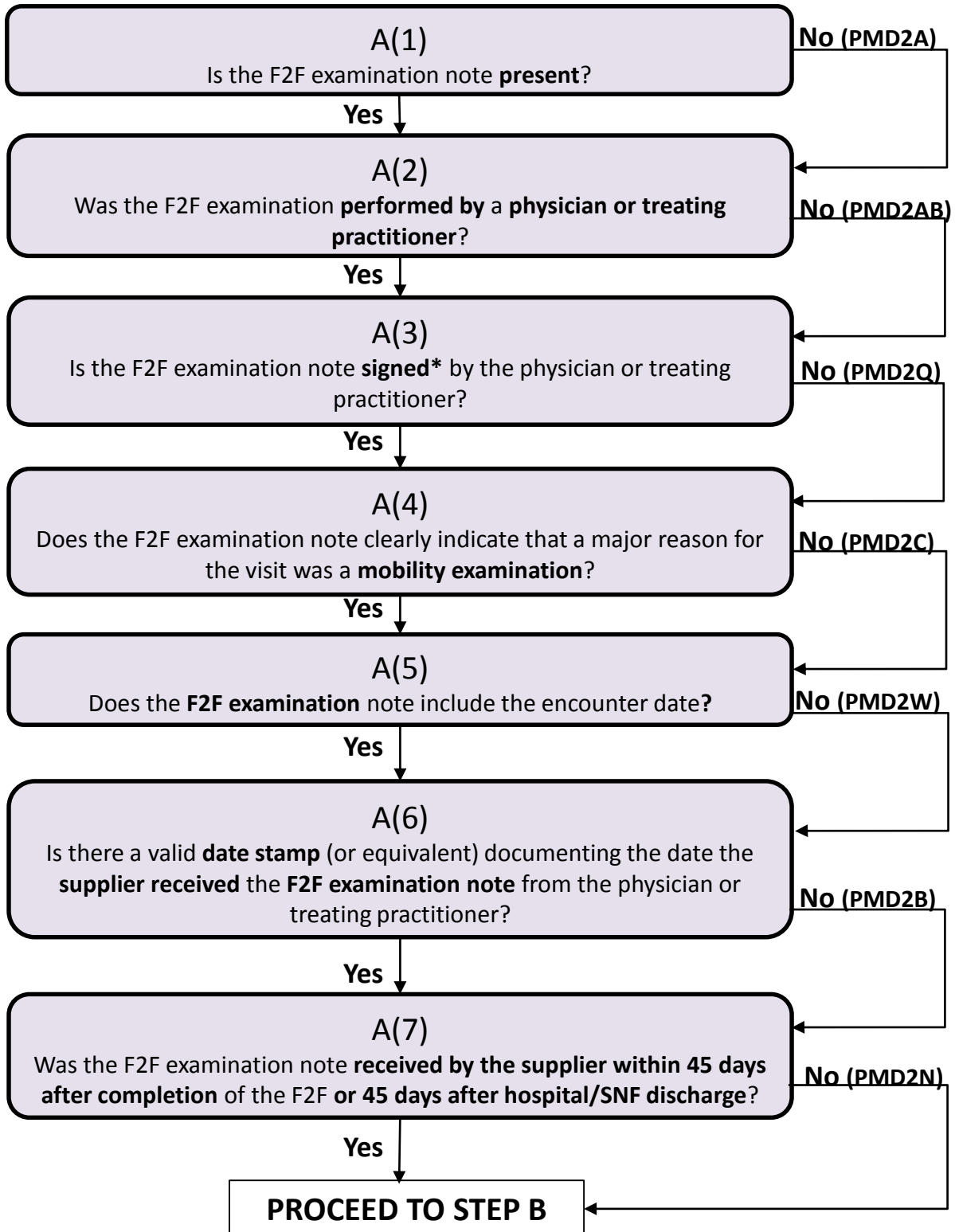
This review tool intends to support program transparency and encompasses the coverage and documentation requirements that the DME MACs will review for in order to make a decision on whether the prior authorization request meets all Medicare coverage requirements.

**The use of this review tool is not mandatory and does not ensure a provisionally affirmed decision of the prior authorization request or Medicare payment.**

The prior authorization program does not change Medicare durable medical equipment, prosthetic, orthotics, and supplies (DMEPOS) benefit and coverage requirements nor does it create new documentation requirements. The documentation required to be included with a prior authorization request is information that physicians and suppliers are regularly required to maintain. Under the prior authorization process, the requester must submit the request with the required documentation before the claims payment process so that Medicare can make sure all relevant Medicare requirements are met.

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**Step A: Face-to-Face (F2F) Examination**



If the reviewer determines one or more requirements included in Step A-I are not met, the reviewer shall include the applicable Review Result Code(s) and Reason Statement(s) in the Non-Affirmation letter and proceed with completion of the review.

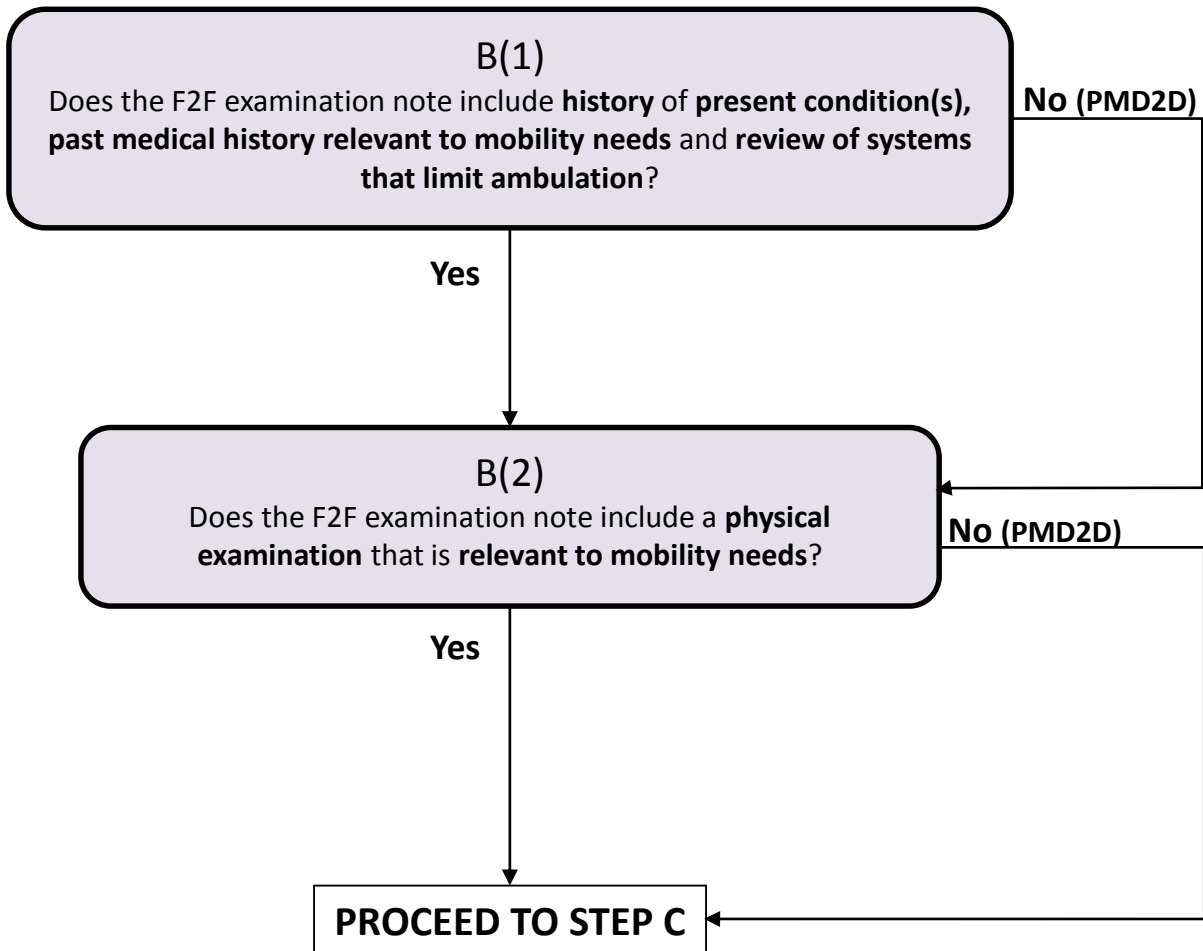
\*A signature date is not required, but the date of completion must be evident.

\*\*PAR= Prior-Authorization Request

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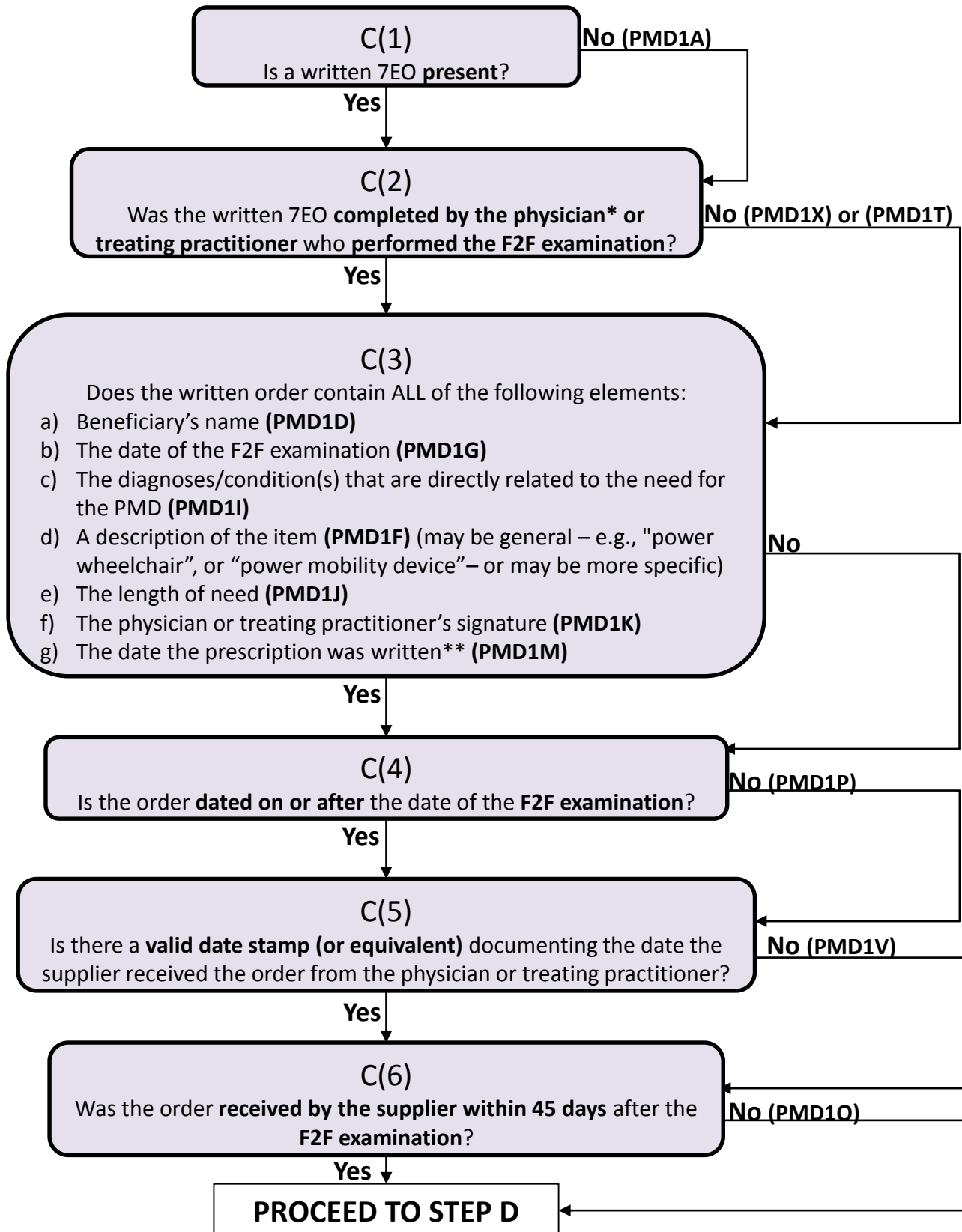
### Step B: Documentation of the Face-to-Face Examination

The record should include relevant information about the following elements, but may include other details. Each element would not have to be addressed in every examination. The examination should be tailored to the individual beneficiary's conditions. The history should paint a picture of the beneficiary's functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for the beneficiary's ambulatory difficulty or impact on the beneficiary's ambulatory ability.



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**Step C: 7-Element Order (7EO)**

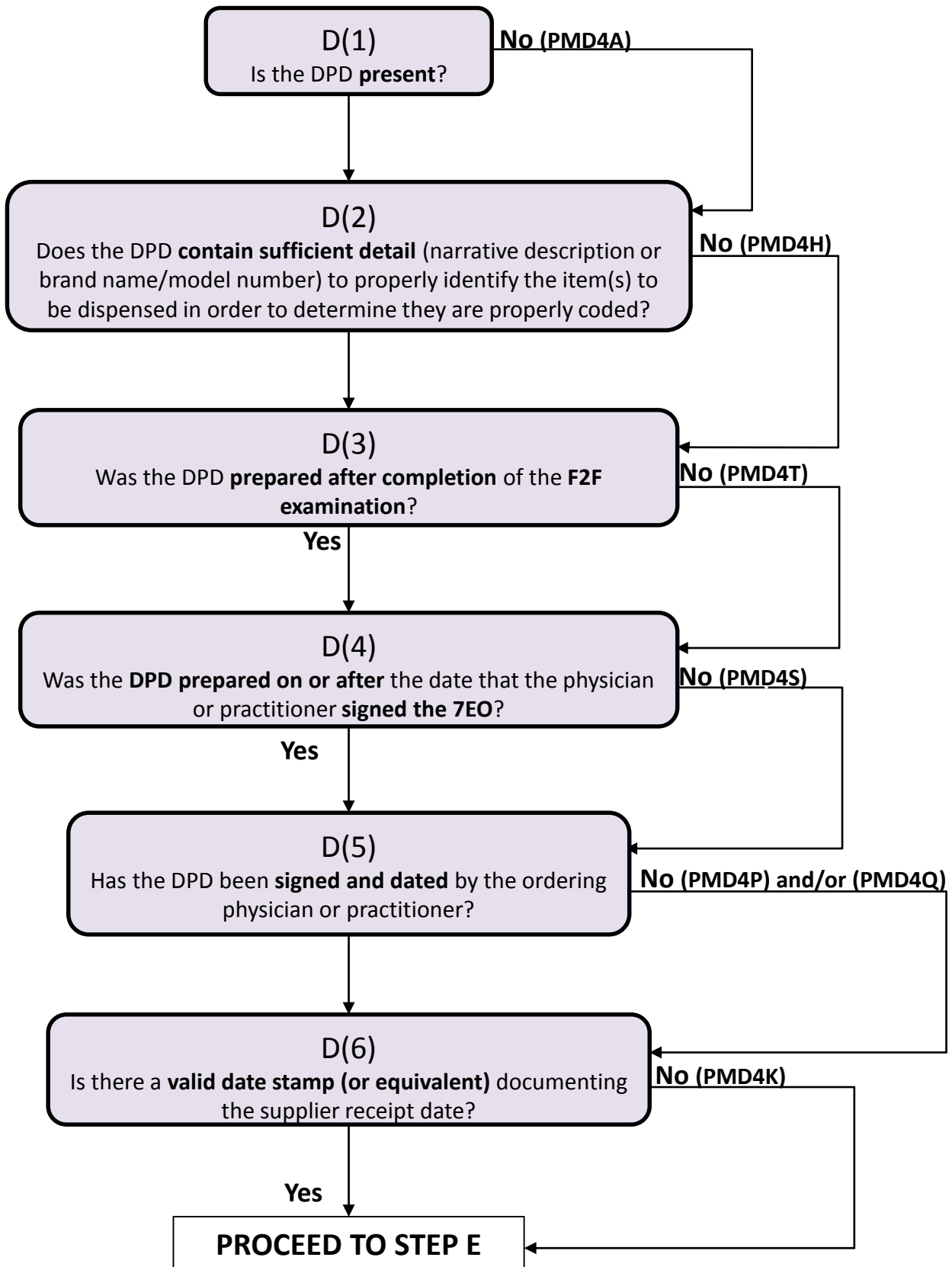


\*The ordering physician shall **not be a Podiatrist of Chiropractor**. If the ordering physician is a Podiatrist of Chiropractor, <sup>4</sup> the request shall be non-affirmed and the reviewer shall include Reason Code PMD1T in the Non-Affirmation letter.

\*\*The physician or treating practitioner's signature date is sufficient to demonstrate the date the prescription was written.

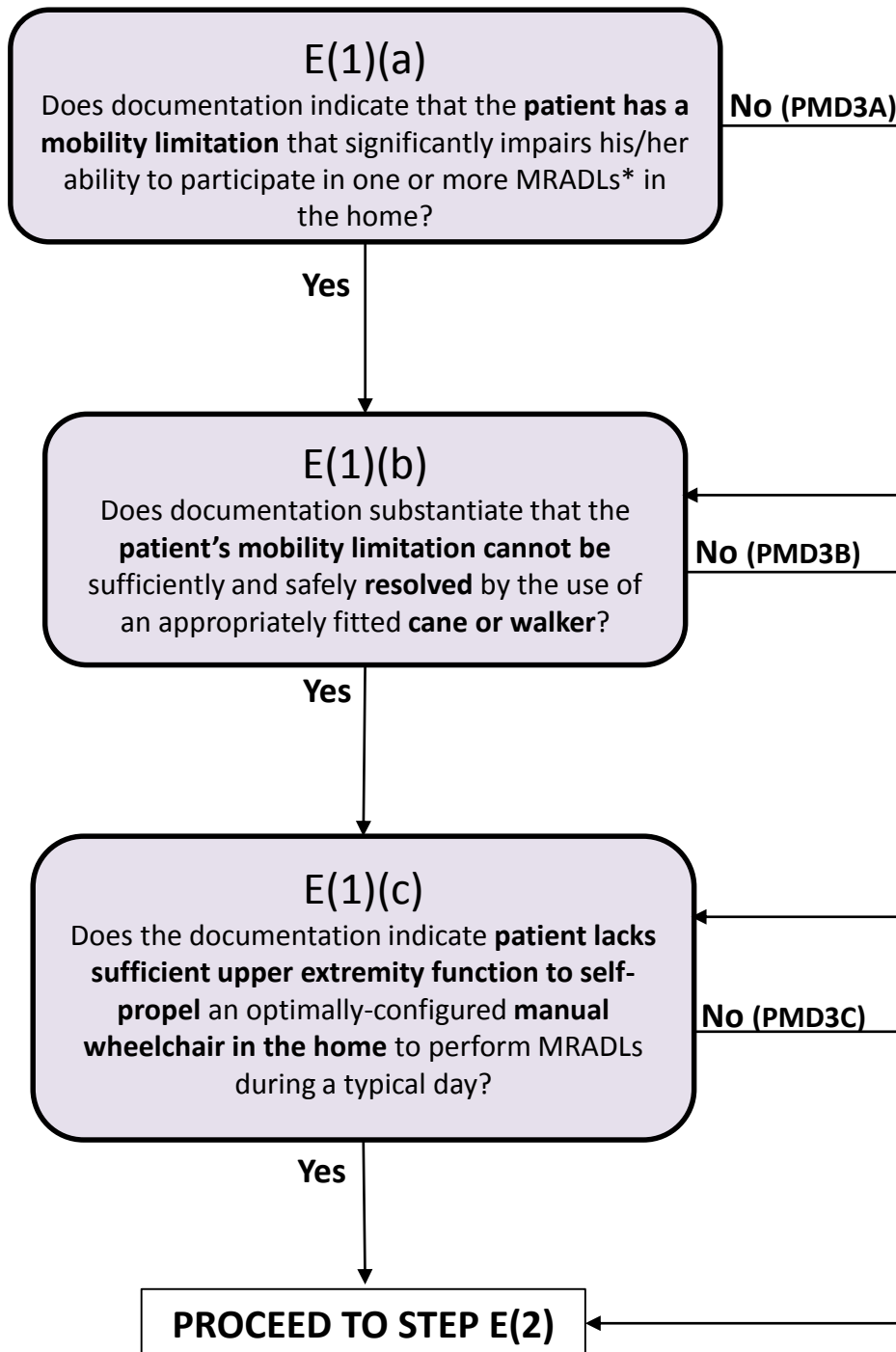
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**Step D: Detailed Product Description (DPD)**



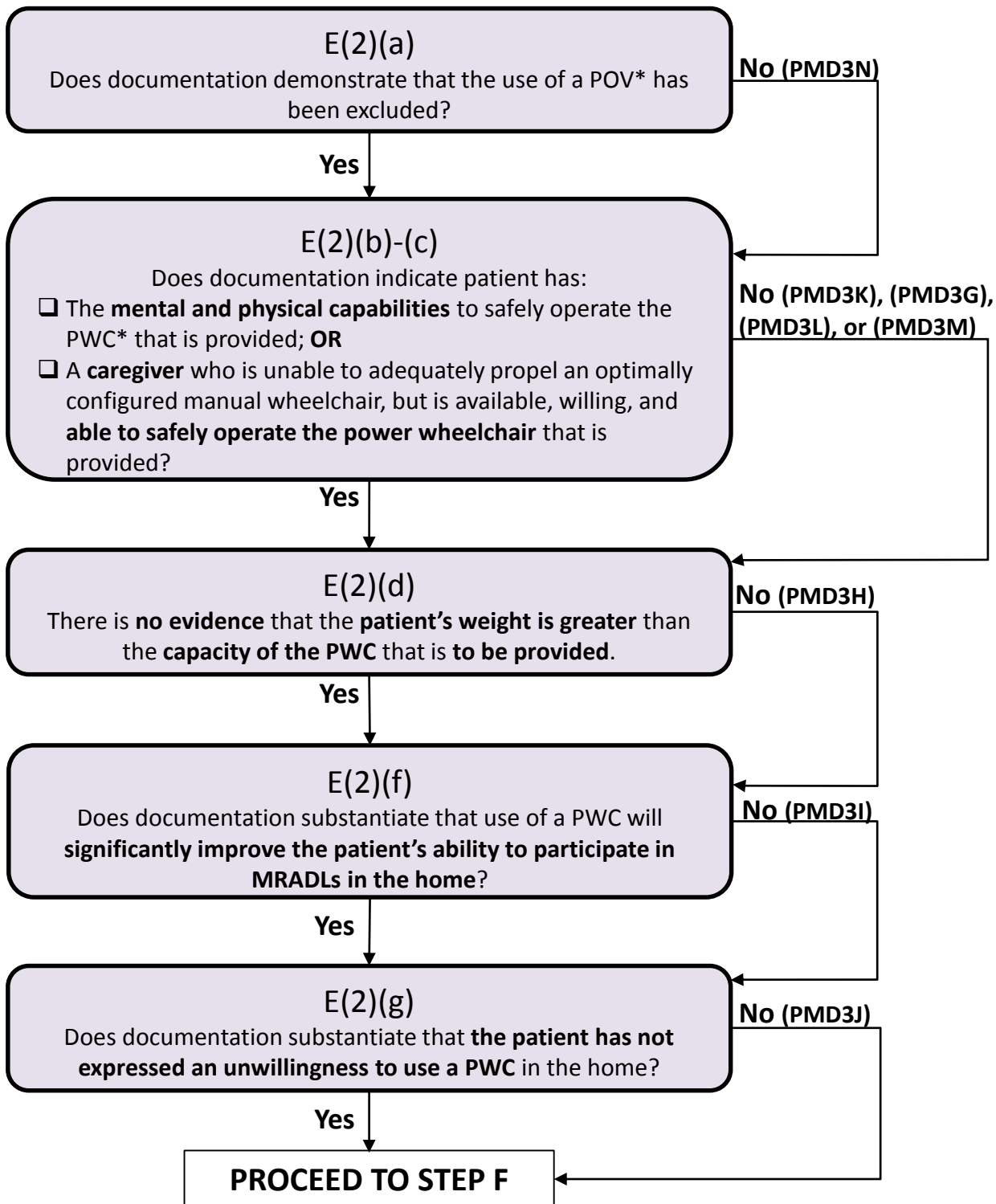
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**Step E(1): General Coverage Criteria for  
ALL POWER MOBILITY DEVICES (PMDs)**



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Step E(2): General Coverage Criteria for  
ALL POWER WHEELCHAIRS (PWCs)



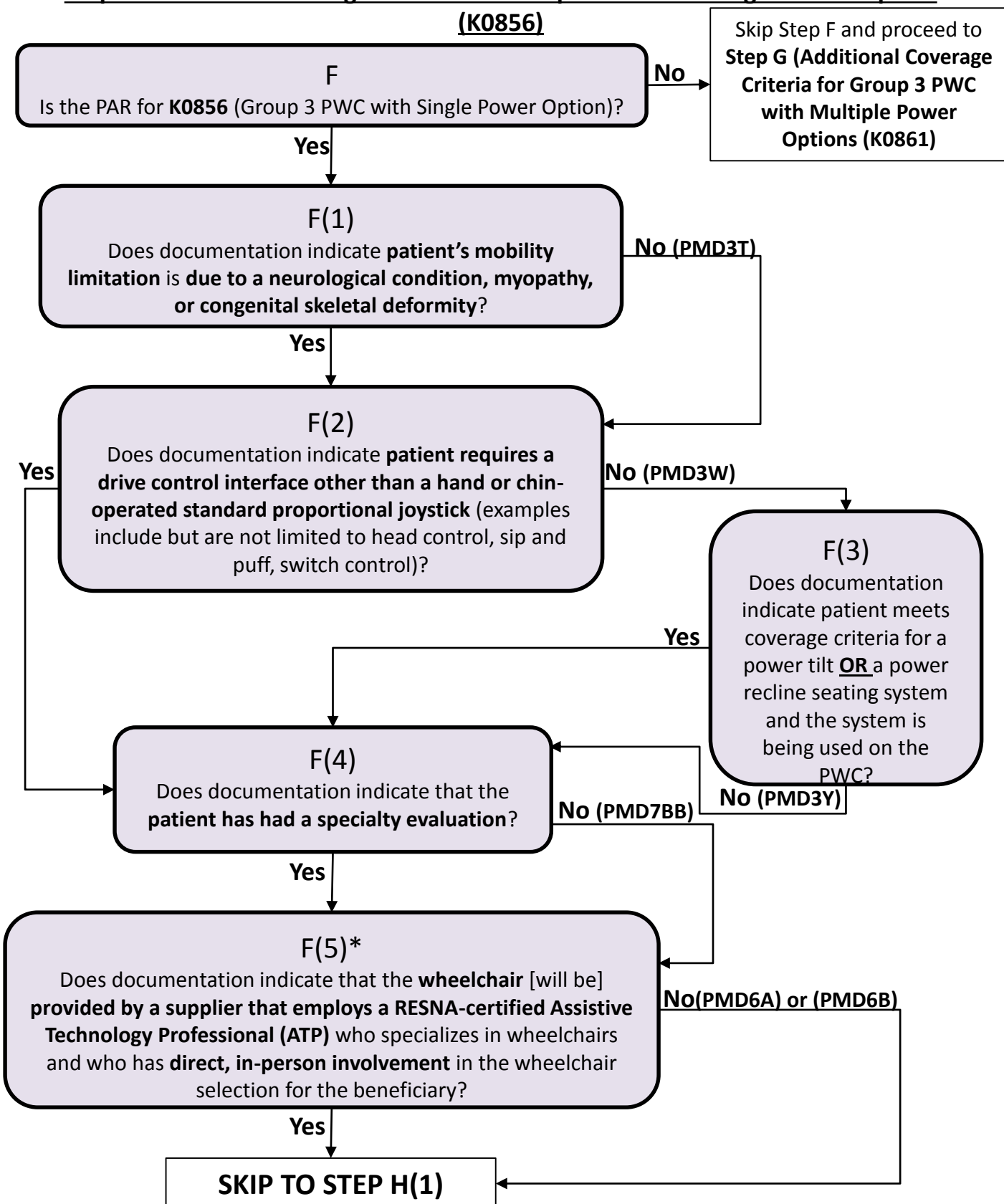
\*POV= Power Operated Vehicle

\*PWC= Power Wheelchair

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Step F: Additional Coverage Criteria for Group 3 PWC with Single Power Option

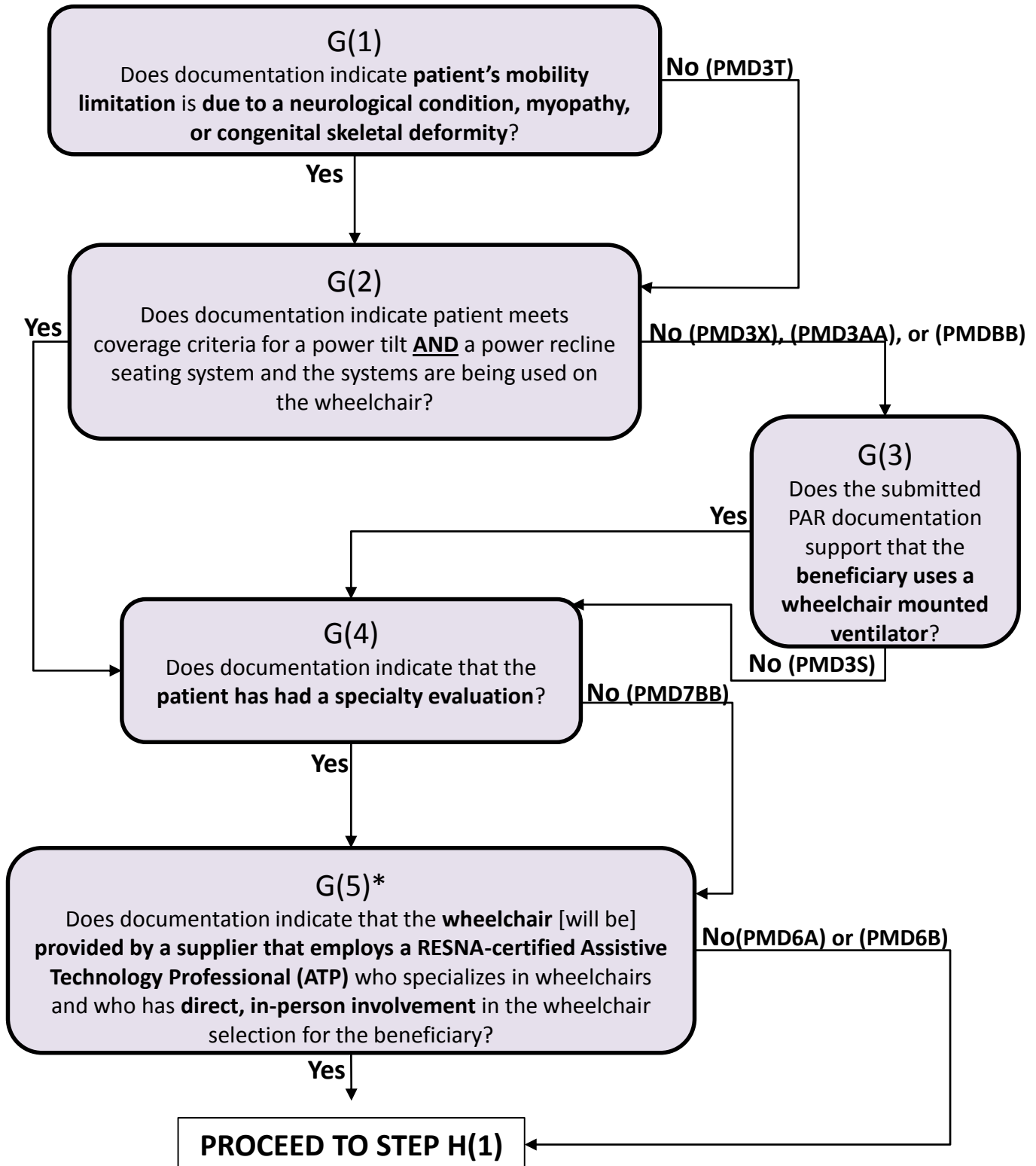
(K0856)



\*The ATP certificate is not specifically required. As long as there is sufficient information in the submission to prove that the ATP was involved and is indeed employed by the supplier, this requirement will be accepted as being met.

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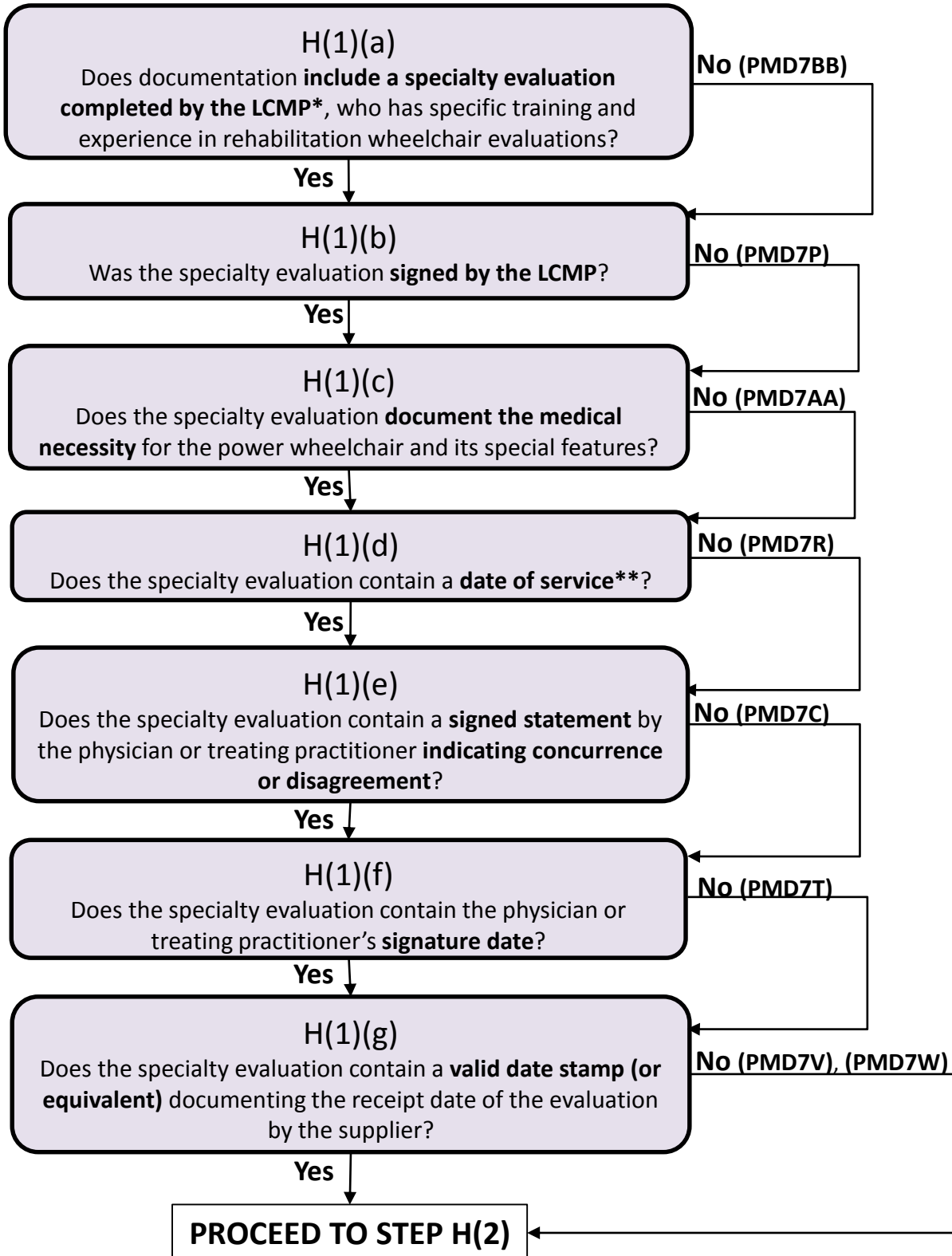
**Step G: Additional Coverage Criteria for Group 3 PWC with Multiple Power  
Options (K0861)**



\*The ATP certificate is not specifically required. As long as there is sufficient information in the submission to prove that the ATP was involved and is indeed employed by the supplier, this requirement will be accepted as being met.

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**Step H(1): Specialty Evaluation**

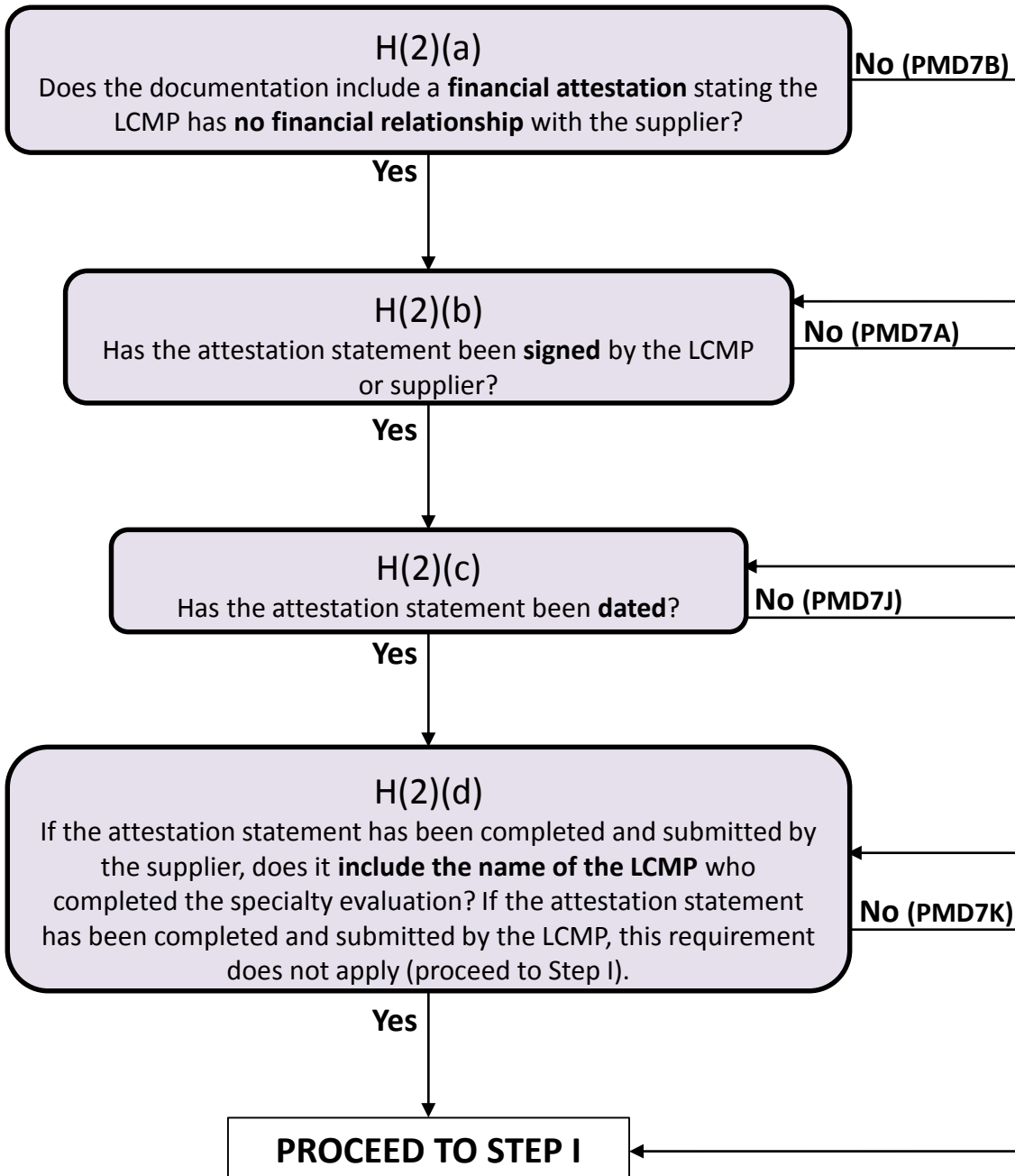


\*LCMP= licensed/certified medical professional

\*\*The provider's concurrence signature date is accepted as the date of service.

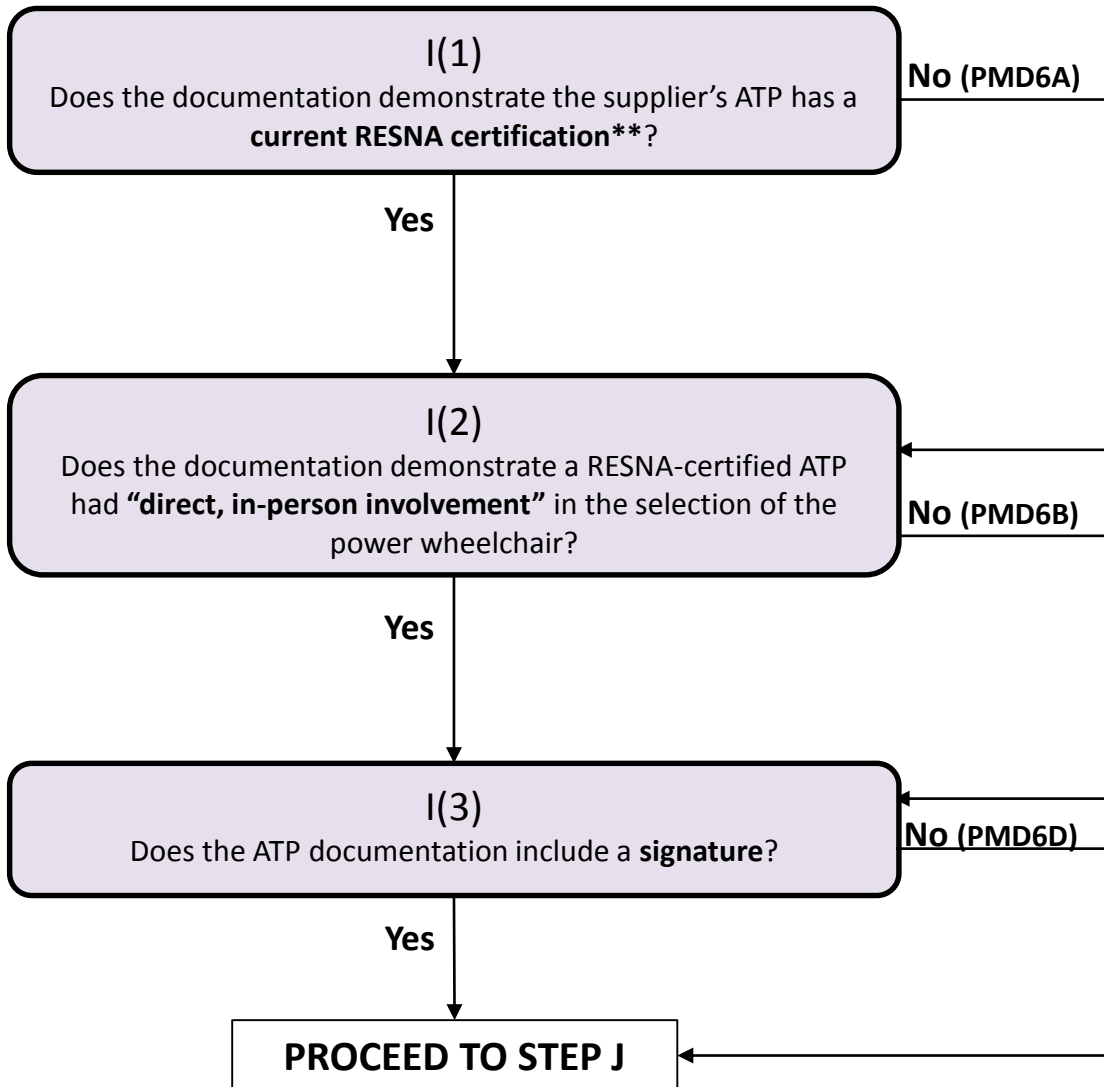
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**Step H(2): Financial Attestation**



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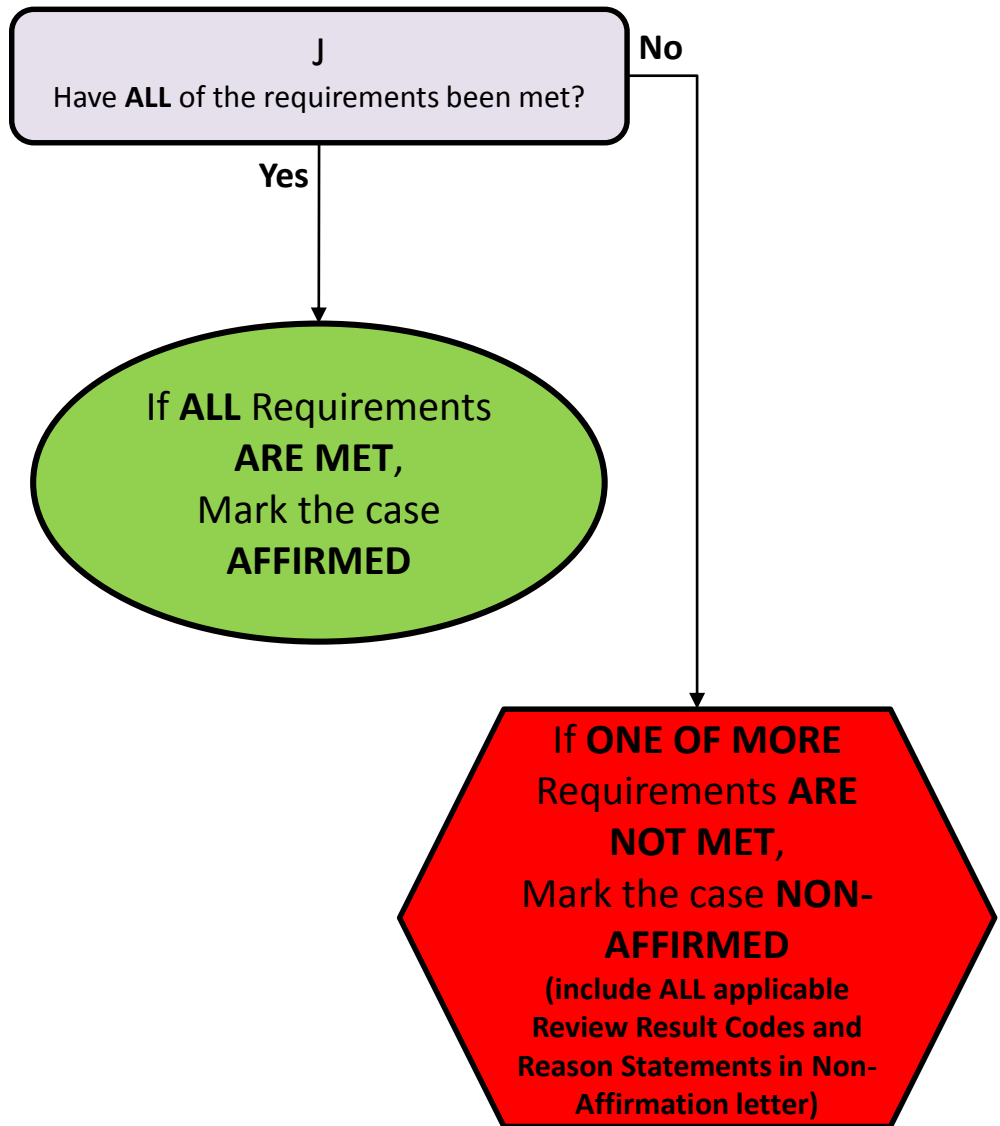
**Step I: Evidence of RESNA\*-Certified Assistive Technology Practitioner (ATP)  
Involvement**



\*RESNA= Rehabilitation Engineering and Assistive Technology Solutions of North America

\*\*The ATP certificate is not specifically required. As long as there is sufficient information in the submission to prove that the ATP was involved and is indeed employed by the supplier, this requirement will be accepted as being met.

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Step J: Affirm or Non-Affirm Decision**



The reviewer shall complete the review of the PAR in its entirety for all requirements included in Steps A-I. If the reviewer determines one or more requirements are not met, the reviewer shall include the applicable Review Result Code(s) and Reason Statement(s) in the Non-Affirmation letter.